

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 7-1 thru 9-30-2017 Grantee Name: Helping Hand Pregnancy Center

1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
| 2 | 7 | 7 | 15 | 20 | 19 | 11 | 4 |

2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown | Other (Father or Grandparent) |
|---------------|---------------|---------------|-------------|--------------------------|-------------------------------|
| 16 | 13 | 15 | 37 | | 4 |

3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 26 | 52 | 7 |

4. Client Race:

| Race: White | Race: African American | Race: African-American | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race | Race: Unknown |
|-------------|------------------------|------------------------|-----------------------|---------------------|-------------------------|---------------|
| 10 | 4 | 3 | 1 | 4 | 62 | 1 |

5. Client Ethnicity:

| Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | Ethnicity: Unknown |
|-------------------------|------------------------|--------------------|
| 40 | 45 | 0 |

6. Client Type:

| Mother | Father | Grandparent | Other |
|--------|--------|-------------|-------|
| 81 | 4 | 0 | 0 |